Freeways

Whites House

Inspection report

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10 March 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 10 March 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account during the inspection.

We were unable to speak with most people using the service, due to their highly complex needs. We therefore spoke with one person, three people's relatives, four staff and one healthcare professional to help form our judgements. We observed the care and support provided and the interaction between staff and people. We looked at three people's care records and associated documents, health and safety paperwork, statement of purpose, minutes from resident and staff meetings and a selection of the provider's policies.

After the inspection we spoke with the registered manager, who provided information from staff records, accident and incident records, complaints and compliments and quality assurance that we had not been able to see on the day.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has changed from 'Good' to 'Requires Improvement'. Staff did not always maintain complete and accurate records. Relatives we spoke with confirmed they were able to contribute to improving the service and were asked their views regularly. Staff told us they felt supported by the registered manager.	**Requires Improvement**

Whites House

Detailed findings

Background to this inspection

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Good

Is the service safe?

Our findings

The service continued to be safe

Relatives told us they felt their loved ones were safe and said, "It's a nice, pleasant home, [name] is happy there" and, "I've never heard anyone being abrupt." Staff told us, and records confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff said, "People come first" and, "We've reported instances where we thought something was wrong, it was dealt with." All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Risks to people were identified using assessments. For example, there were risk assessments in place for challenging behaviours, epilepsy management and for managing money. Other risk assessments covered supporting people to use the kitchen. The main kitchen was locked when not in use to keep people safe; however there was a smaller kitchen where people who were able could be supported to make their own drinks. The assessments we looked at were clear. There were a range of proactive and reactive protocols of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One relative said, "Staff change regularly, every time we visit there's someone new." However, other relatives said, "They always seem to be able to cope and know what they're doing", "There are always staff about" and, "Staff are always checking everyone is okay." Staff said, "Staff are on shift according to people's planned activities" and "There are enough staff because they try to put as many staff as they need, this house is safe." The registered manager arranged staffing levels in line with the care commissioned by local authorities. The rotas showed the required numbers of staff were provided.

During the inspection, we asked staff to inform the on-call manager of our presence, so they could arrange support for the inspection. This was because as part of our inspection, we look at staff files and other confidential records which only managers can usually access. No-one responded to the phone call made to the on-call manager. All staff we spoke with told us no-one would attend the home. After the inspection the registered manager told us there was no record of this call being made, and questioned if the right number had been called.

We recommend the registered manager ensures staff are aware of the correct numbers to use when requesting additional support. This is important so staff can be sure they will be supported should a serious incident occur.

After the inspection, the registered manger told us this had been reviewed.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. The Provider Information Return PIR said, "We adhere to the comprehensive recruitment policy in place. Freeways require all staff to be re-checked every three years."

Peoples' medicines were managed and administered safely by staff that had their competency assessed on an annual basis to make sure their practice was safe. People's care plans gave information about how they might communicate if they were in pain. For example, one person's care plan stated, "If I am making lots of noises loudly and very restless, please ask me if I am in pain or what is wrong." One person was given their medicines with either jam or mousse, which helped them to swallow their medicine. However, we did not see that a pharmacist had been involved in this decision. Giving people medicines with something to help them swallow should be checked with a pharmacist first, in case it interferes with how the medicine works. There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked records against stocks held and found them to be correct.

Staff had clear guidelines for reporting and recording accidents and incidents. The registered manager and a senior manager saw all accident forms, and made any notifications required.

People were protected from infection. The premises were clean and fresh, although some areas had been identified for re-decoration. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Laundry equipment was suitable for the needs of people using the service. For example, washing machines had a sluicing and hot wash cycle. There was an infection control policy and the staff received appropriate training in infection control and food hygiene. Staff said, "We use different coloured mops for different areas of the home" and, "We have a cleaner for three hours a day and floors are mopped at night."

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or the need to evacuate. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff and emergency services the information they needed to support people.

Good

Is the service effective?

Our findings

People continued to receive an effective service.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us, "We do intensive training over a few weeks when we first start" and, "We have regular catch up training." Other staff said, "We do training on a rolling programme." The Provider Information Return (PIR) said, "Staff receive annual training updates regarding Fire Safety, First Aid, moving and handling. Fire drills and talk through drills are also carried out within the service to ensure staff remain confident in an emergency. Staff also update regarding MCA DOLS and safeguarding annually." Staff had mixed views about whether they had specific training to support people's individual needs. Staff told us they had access to information about complex needs such as epilepsy. However, one member of staff told us they did not have specific training for looking after people with learning disabilities. Records showed six staff needed to do 'Learning Disability Awareness' training; eight staff had completed this. Another member of staff told us, "We've got autism training coming up." Another member of staff told us they could ask for specialist training if they wished.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff were supported to complete the Care Certificate, which is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have supervisions regularly and can ask for more one to one time if we want." Staff told us they felt supported by the registered manager, and other staff. Annual appraisals gave both managers and staff the opportunity to reflect on what had gone well during the year and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff said, "People have advocates", "We give people choices by showing either the object or pictures" and, "We talk with people." Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. These comments showed staff worked in accordance with the principles of the MCA to ensure people's legal rights were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People had records of capacity assessments and best interest decisions being made, for example for living at the home. Four people had current DOLS authorisations in place and four people had DOLS applications made which were awaiting authorisation. Where people had conditions attached to their DoLS, we saw these were being followed.

Families, where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. Staff said, "We try to give people choices. If they've not got capacity we have best interest meetings with their social worker and key worker."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Relatives said, "They get fed well" and, "[Name] likes the food." Information about people's likes and dislikes was recorded in their care plans. Some people were able to make choices using pictures, other people were able to say what they would like. Staff followed the guidelines from healthcare professionals where these were in place. The provider checked that people's nutritional needs were met and that people were given choices. The January 2018 audit noted that people were eating more fruit and vegetables and enjoyed regular smoothies and home-made soups.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed.

People's diverse needs were being met through the way the premises were used. People had a variety of spaces in which they could spend their time, including a sitting room and dining room and access to the garden. People's bedrooms were decorated according to their choice. Audits had identified areas where the environment needed to be improved; a maintenance plan had been created to address this.

Good

Is the service caring?

Our findings

The service continued to be caring.

Relatives said their family members were supported by kind and caring staff. Relatives said, "Staff are kind and caring" and "[Name] is always calm and relaxed; it's lovely to see because they always used to be stressed before, but they're quite content there." From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. Staff said, "I enjoy every day of this; it's not like coming to work."

The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. People's care plans identified if the person required their advocate to support them.

People were supported by staff to maintain their personal relationships. For example, one person's care plan noted the times when they usually spoke with their family. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Another person's care plan noted some behaviours may be inappropriate.

Information for people was available in a variety of formats, such as easy read or pictorial formats. Staff were aware of people's needs regarding their preferred method of communication, and used a variety of methods such as objects of reference, now and next books and a variety of signs and gestures.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. Relatives said, "I'm invited for annual reviews" and, "We're always informed if there are any changes." One member of staff said, "We have review meetings with the person, their key worker, their social worker, the registered manager, a DoLS representative if they have one, advocates and families where possible."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Staff told us how they promoted people's privacy and dignity and explained how they helped people. Relatives told us, "Staff always show respect for people's privacy and dignity", "People are always clean and looked after" and, "Every time I visit everyone is wonderful." Staff said, "The new manager has changed things to respect people's privacy and dignity more. For example, people were having their medicines in the dining room, now we go into people's own rooms to give them their medicines."

There was an equalities and diversity policy in place and staff received training on equalities and diversity. Staff understood their responsibility to help protect people from discrimination and ensure people's rights were protected. For example, they included people in decision making where this was possible.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. Relatives told us, "They keep in touch with monthly updates, we always know what's going on" and "They phone if anything changes."

People or their relatives confirmed they were involved in developing their care, support and treatment plans. Relatives said, "There are annual reviews when we have meetings to discuss everything."

Care plans were personalised and detailed daily routines specific to each person. People had a 'Listen to me workbook' which contained information about what the person liked to do and what was important to them. The information was in easy read format. Staff said, "They're fantastic" and, "We get what we need from them." People's care plans gave staff information about the support they needed to maintain their personal safety, access the community and stay healthy. People's communication needs were clearly explained, for example, one person's care plan noted the body language and facial expressions the person would use. One person was non-verbal, their care plan described how they would show they agreed or did not agree with something. People's records contained daily notes which showed what had made the day either a good day or a bad day. Care plans identified what the person could do for themselves and what support staff should provide. One member of staff said, "All the information is in the care plans, whatever we need, about people's preferred routines, their likes and dislikes, it's all there."

From our discussions with staff, it was clear they were knowledgeable about the people they were supporting and told us about any particular behaviour that may mean someone was upset. One person's care plan confirmed the support the person needed if they became anxious. For example, people's care plans identified things that made them anxious, such as having to wait for something or having their personal space invaded and gave guidance for staff how to manage this. Relatives told us they were involved in care planning during annual review meetings.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Staff reported everything as a complaint, such as if someone had wanted a biscuit instead of a healthy option, if a person said they were bored or if another person went into someone's room. Consequently, there had been 53 complaints in the past year. Every relative we spoke with said they had no complaints about the service, but knew how to raise concerns if necessary.

People were able to take part in a range of activities according to their interests. The service offered internal and external activities such as going for walks or a drive out, shopping and aromatherapy, all depending on people's individual preferences. Other activities on offer included attending a day centre or hydro pool or having one to one music sessions. People's care plans recorded the hobbies and interests people enjoyed and staff we spoke with knew about these. One member of staff told us about taking one person on holiday last year and said, "It was great."

Staff were able to attend monthly meetings where they were encouraged to share what was working or not working. The agenda covered topics such as health and safety, the individuals living in the home, infection control, incident reporting and any other topics as necessary. This meant staff were able to keep abreast of any changes.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led.

There were quality assurance systems in place to monitor care and plan on-going improvements. However, throughout our inspection we identified some records which staff had not fully completed. These included the records of cleaning the kitchen fridges, which had not been completed since 25 December 2017. One person's fluid charts had gaps, another person's records of their observed moods had gaps and a third person's behaviour chart and topical medicine application record had not been fully completed. Where healthcare professionals identify a need for these records to be kept, they may not be able to make decisions to support the person if staff have not kept accurate and complete records. This may mean people may not get the support they need in a timely way.

We recommend the registered manager seeks support and training for staff around record keeping.

A variety of monthly, quarterly, six-monthly and annual checks took place including medicines and safeguarding audits. When the registered manager completed the audit in February they identified areas for improvement. We saw that where shortfalls in the service had been identified action had been taken to improve practice and standards of care for people. The registered manager's action plan described the progress made and when the improvement was expected to be completed.

People were involved in decisions and changes regarding the running of the home. People's views were sought during one to one meetings and reviews. Relatives told us they were invited to complete annual surveys, where they were able to give their views of the service. One relative told us, "As long as [name] is comfortable and happy, we're happy."

The registered manager told us, "I am passionate about having the right staff with the right values to support the people who live here. They deserve that." Staff told us the vision and values of the organisation were about what the service wanted to achieve and one member of staff said, "We want good staff, good choices and compassion." Another member of staff said, "The vision and values is about what we want to achieve; good staff, good choice, compassion and investing in people." This vision was put into practice, as people were supported to be as independent as they could be.

Relatives we spoke with confirmed they were able to contribute to improving the service and were asked their views regularly. Feedback from relatives included, "I do appreciate the feedback I receive from the keyworker", "The staff are very knowledgeable and provide great care and assistance" and, "Excellent care." Other comments included, "Excellent. I'm always kept in touch."

Staff told us they felt the service was well-led and said, "I like the manager, our shifts have improved since she came and we can take people out" and, "I'm well supported, the manager is very firm but very fair." Other comments included, "I'm well supported. The registered manager is firm but very fair." Staff also had regular team meetings which kept them up to date with any changes in the home.

The registered manager sought feedback from healthcare professionals by way of a form when they visited. Healthcare professionals were asked if they had been greeted in a friendly, welcoming manner, if staff had provided them with the information they needed and if staff respected people's confidentiality and dignity. Other questions asked if people were supported in a person centred way. Most healthcare professionals answered yes at all times to these questions. One healthcare professional noted some limitations of the building.

The home is managed by the registered manager who is supported by an assistant manager and seniors who work together to lead the staff team. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager said, "I'm proud of my staff."